222115

STATE OF SOUTH CAROLINA	BEFORE THE PUBLIC SERVICE COMMISSION
(Caption of Case)	OF SOUTH CAROLINA
Example: Application for a Class C Charter Certificate from	
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET
Request to amend passenger limits on Class C Taxi ) and Charter Certificates	DOCKET 1999 - 80 - T Take NUMBER: 1999 - 79 - T Charles
}	
Captola Mason dba C & J Airport Transportation ) )	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print)	Telephone: \$(843) 667-6295
Submitted by: Captola Mason	Fax: #843) 769-0692
Address: *1555 DOWNING ST *CHANLESTON SC 29407	Other:
* LHANIESTON JC 21401	
NOTE: The cover sheet and information contained herein neither replace	Email:
as required by law. This form is required for use of	Commission of South Carolina for the purpose of docketing and must
be filled out completely.  NATURE OF ACTION	(Check all that apply)
	Request for Name Change on Certificate
Application - Class A/A Restricted	
Application - Class C Taxi	Request to Amend Scope of Authority  Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Late-Filed Exhibit  Letter  Proposed Order  Publisher's Affidavit
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	
If you have any questions about this form, please contact t	he PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form.

CLASS C AMENDMENT FORM Mail or fax a copy to:	
File the original with:	Mail of lax a copy of
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 2-25-2616  I have the following Certificate:  Class C Taxi # 6726-A Class C Charte  Class C Non-Emergency #  Please consider this as my request for the following Change	er# <u>6737-A</u> Class C Charter Bus #wing amendment(s) to my Certificate:
<u>.</u>	
From:	DBA:
(Current Name)	(Current DBA if applicable)
TO: (New Name)	OBA:(New DBA if applicable)
Scope of Authority	
larger d	То:
From:(Current Scope)	(New Scope)
Passenger Limit	To: 15
From:	To:(New Limit Number)
(Current Limit Number)	(140.40 million reasons = )
Captola Mason DBA C& SAIR (Name & DBA if applicable) Tra **CHAPLESTON 29407	(Street and/or Mailing Address)  **Coplole moson (Signature)
(City, State, Zip Code)	(Signature)